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Preventive action and intensification of the struggle against malaria and diarrhoeal diseases, in particular cholera

The Roll Back Malaria Partnership

Report of the Secretary-General

Summary

The Economic and Social Council, by its resolution 1998/36, requested the Secretary-General to submit to the Council at its substantive session of 2001 a report on progress achieved in the Roll Back Malaria Initiative. The present report, prepared by the Director-General of the World Health Organization (WHO), responds to that request. It covers the objectives and aims of the Roll Back Malaria Initiative, action being taken at the country level, and future action needed to respond to the challenge of combating malaria. It invites the international community to further its efforts for the prompt establishment of a global fund for HIV/AIDS and health and to make provision for $1.5 billion for malaria control per year for a decade.

* E/2001/100.

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I. Malaria slows down social and economic development

1. In response to Economic and Social Council resolution 1998/36 and following up on the Roll Back Malaria progress report of 1999,[1] the present report, prepared by the World Health Organization (WHO), in collaboration with other relevant organizations, organs, bodies and programmes of the United Nations system, provides a brief overview of progress achieved over the past two years.

2. Malaria continues to represent a significant impediment to the social and economic development of the world's poorest people through the direct cost of treating and preventing the illness and through lost productivity. Malaria has been shown to slow the economic growth of African countries by up to 1.3 per cent each year, creating an ever-widening gap in prosperity between malaria-endemic and malaria-free countries. At present, malaria-free countries average a GDP three times higher per person than malaria-endemic countries, even after adjusting for other factors.

3. Efforts to control malaria have often been fragmented, sometimes based on ineffective control strategies and frequently delivered through vertical programmes, failing to promote community-driven action and without integration into sector-wide planning. In recent years, insufficient resources have further limited the success of control efforts and donor preference for "project funding" approaches. There is now ample evidence that sustainable reductions in the malaria burden depend not only on the use of effective tools but also on successful health sector development, including the integration of behavioural change in activities at the community level.

II. Creating momentum for Roll Back Malaria

4. Roll Back Malaria aims at establishing sustainable capacity within communities to help access and use the tools to combat malaria, including those available today and those to be developed in years to come.

5. Roll Back Malaria has sought to incorporate effective malaria control measures into the health systems of countries by strengthening health-sector reform plans rather than building separate, vertical malaria-control operations.

6. Roll Back Malaria is unique in terms of the high level of political commitment it has secured for its goals and its success in establishing a framework for, and culture of, action through global and country partnerships.

7. The Roll Back Malaria principles of working through global partnerships for advocacy, technical and financial assistance and through country-level partnerships to implement the strategic plans of countries (incorporating not only public health services but also non-governmental organizations, faith-based health care providers and occasionally the private sector) have worked well and have been adopted by more than 90 malaria-endemic countries as the way forward.

III. Roll Back Malaria activity at the country level

8. The African Heads of State Summit on Roll Back Malaria (Abuja, Nigeria, April 2000) marked the first milestone of advocacy efforts to put malaria control high on the development agenda of poor countries. It also served as a platform for Governments to outline their work plans and to create favourable national environments for Roll Back Malaria partnerships to thrive. African Heads of State track progress annually on the occasion of Africa Malaria Day.

9. In the 12 months since the Summit, the Governments of malaria-endemic countries, primarily in Africa, have worked with country partners to develop a shared strategic vision and identify feasible plans of action which scale up coverage of interventions.

10. Since January 2001, 12 African countries (Burkina Faso, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Mali, Nigeria, Senegal, Sudan, Togo, and Zambia) have conducted national round-table meetings in order to:

(a) Obtain final agreement among all partners on the shared strategy;

(b) Obtain buy-in into the strategic plan by health partners active in the country, thus providing country-level endorsement of the plan's technical and institutional quality;

(c) Determine budgetary gaps and quantify the additional global resources necessary to ensure scaled-up implementation.

11. Roll Back Malaria global partners are challenged to identify resources and resource-channelling mechanisms in support of implementation. By broadening the partnerships beyond traditional malaria control units, public health services and the public sector, the newly developed national plans have identified a need for additional Roll Back Malaria-related investments, averaging $0.7-1.11 per capita per year initially. The spread is indicative of a country's varying ability to rapidly enlarge operational partnerships, and to make strategic decisions on government measures, such as subsidies, likely to improve equity of access to interventions.

12. Round-table discussions also revealed that local country partners could mobilize approximately 30-40 per cent of the necessary initial scale-up resources. Round tables also demonstrate that, at present, sub-Saharan African countries are ready to absorb an additional $150 million annually to implement realistic, scaled-up strategic plans. This figure will rapidly increase as more and more countries conduct their first round-table meetings.

13. Ghana, the United Republic of Tanzania and Uganda have shown that prioritizing Roll Back Malaria can be accomplished through a sector-wide approach to health. The United Republic of Tanzania's agreement on such an approach already contains a mechanism that allows malaria to be targeted as a priority disease.

14. Uganda has demonstrated that the development of a poverty reduction strategy paper allows the effective channelling of poverty alleviation resources to Roll Back Malaria strategic plans. Having a strategy paper has allowed Uganda to draw additional resources available through bilateral and multilateral debt relief programmes such as the World Bank's Heavily Indebted Poor Countries initiative. Uganda has also demonstrated that such additional resources can improve health outcomes though the provision of improved access to high quality primary care facilities and services.

15. The United Republic of Tanzania has shown that the local manufacturing industry can become an active and key player in significantly increasing access to insecticide-treated nets and that this can take place far beyond the reach of public health services. The national Government created a favourable fiscal environment which stimulated local industry to become involved in local production and insecticide treatment of nets and in the promotion and distribution of those items in peripheral communities. A social marketing scheme which complemented those private-sector initiatives demonstrated that equity in access to interventions by poor rural populations could be enhanced. The impact of such well-managed public/private partnerships substantially increased the number of people who regularly sleep under insecticide-treated nets. The mortality risks of children under five were reduced by over a quarter (27 per cent). In Ghana, the Roll Back Malaria partnership now channels investments to the Ghana Social Marketing Foundation in order to initiate a similar country-wide approach. Results like those achieved in the United Republic of Tanzania can be expected wherever Governments choose to create environments that enable country Roll Back Malaria partners to move forward with innovative strategic plans.

16. Eritrea has decided that rolling back malaria is a primary responsibility of government. This has allowed the country to move speedily and demonstrably towards its goal of reducing malaria mortality and morbidity by 80 per cent by 2004.

17. At present, it would be premature to review Roll Back Malaria's impact as a social movement on a country's malaria-related disease burden. However, it is possible to detect change within individual countries where favourable environments have been created by well established and supportive country partnerships.

IV. The challenge to global partners

18. The fourth meeting of Roll Back Malaria partners, hosted by the World Bank (Washington, D.C., 18-19 April 2001), took stock of progress and agreed on priorities for malaria control for the next few years. The almost 200 participants, included government representatives from 21 malaria-endemic countries, 11 of them ministers of health. Private-sector representatives included manufacturers of bed-nets, insecticides and drugs as well as companies making major investments in malaria-endemic countries in Africa, including a multinational oil company.

19. At its launch in 1998, Roll Back Malaria called on countries to develop all-embracing, scaled-up plans

to halve the burden of the disease by 2010. Many countries have taken up the challenge and developed, in partnership with country health partners, medium-to-long term Roll Back Malaria strategies. Using available estimates, a minimum of $500-700 million of global funding, on which countries can draw swiftly in order to fill their budgetary gaps, must be generated, and an additional $500-800 million will be required to ensure continued accessibility by countries to essential interventions such as safe and efficacious combination drugs (once current first-line treatments have outlived their usefulness) or long-lasting insecticide-treated nets. Investments are also needed to allow Governments to assume their new stewardship role, enabling them to engage and manage all parties active in malaria control at the country level.

20. Over the past 12 months, very significant financial pledges, totalling several billion United States dollars, in support of the global effort to roll back diseases of poverty such as malaria, tuberculosis and HIV/AIDS, have been made by the United Kingdom of Great Britain and Northern Ireland, United States of America, Canada, Italy, France and Japan and by governmental organizations such as the European Union and the World Bank.

21. In order to maintain country momentum for Roll Back Malaria through scaled-up plans, global partners must respond swiftly. Within 12 months of local pledges, $500 million-1 billion per year is needed from global sources to fill resource gaps at country levels. A swiftly reactive global fund, for the purpose of increasing coverage of interventions against diseases of poverty, as called for by the Secretary-General in his speech at the Abuja Summit, is needed to provide such financial resources at least until the end of the decade. In the long term, sustainable budgetary support for health-system development in support of long-term Roll Back Malaria action needs to be raised through poverty reduction mechanisms such as bilateral and multilateral debt relief.

V. Recommendations

22. The Council may wish to call upon the countries of the G8 and the European Union and multilateral and bilateral donors which have made pledges in support of Roll Back Malaria action to initiate urgently disbursement procedures in favour of the high quality country strategic plans to roll back malaria which have now been developed in many malaria-affected countries. Close consultation with the Roll Back Malaria global partners secretariat is encouraged.

23. The Council may wish to endorse the concept of a global fund for HIV/AIDS and health, proposed by the Secretary-General in his speech to the Abuja Summit, and urge that the fund be capitalized in order to contribute to the estimated $1.5 billion per year needed for malaria control during the rest of the decade, in order to make a significant and sustainable impact on the disease. This will enable countries to increase coverage of interventions through country strategic plans and ensure that they have access to novel interventions such as combination drug therapy or long-lasting nets.

Notes

[1] WHO/CDS/ROLL BACK MALARIA/99.06.